

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Markley Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 550 East Fornance Street Norristown, PA 19401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46993</p> <p>Based on review of facility provided documentation and interview with staff, it was determined facility did not have evidence that alleged violations were thoroughly investigated for one of 23 residents reviewed related to fracture of left lower extremity. (Resident R27)</p> <p>Findings include:</p> <p>Review of facility provided investigation report, completed July 3, 2024 at 10:01 a.m., revealed that Resident R27 a [AGE] year old female with a brief interview for mental status (BIMS) score 2, and medical history of dementia, Alzheimer's disease, unsteadiness on feet, unspecified lack of coordination, fatigue, muscle wasting and atrophy was found with warm to touch and swelling to her left lower leg during the morning of July 1st, 2024. ResidentR27 was unaware what happened nor that there was any bruising or swelling.</p> <p>Review of progress notes completed by facility's provider, Employee E8, dated July 2, 2024, revealed the following: Chief complaints: 1. Patients rehab facility/residence has noticed bruising on patient left lower leg earlier today. No known mechanism of injury.</p> <p>Further review of Employee E8's progress notes indicates Assessment: 1. Closed displaced oblique fracture of shaft of left tibia, initial encounter .- displaced mid-distal tibia shaft fracture left lower leg (date of possible injury 6/30/2024)</p> <p>Further review of Employee E8's progress notes states Plan: Treatment: [Resident R27] has a displaced mid distal tibia shaft fracture. No known mechanism of injury is brought to our attention and the specific date event of injury is unknown however her accompaniment (nurse aide, employee E9) states that either Saturday or Sunday (June 29t, 2024, or June 30, 2024) may have been the time frame, but the discoloration was noted yesterday by one of the staff members as it was told to her.</p> <p>Further review of progress notes dated July 1, 2024, at 10:56 a.m., completed by Unit manager, Employee E10, revealed that Resident R27 has a platelet disorder which may have contributed to bruising.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with facility's nurse aides, on Friday, October 18, 2024, at 12:00 p.m., Employee E9 (worked day shift on June 29, 2024) and Employee E12 (worked day shift on June 29, 2024, and June 30, 2024) revealed no concerns nor incidents noted related to cause of possible fracture of Resident R27's left lower extremity. Both nurse aides, Employees E9 and E12 stated resident was transferred from bed to wheelchair via hooyer lift; and Resdient R27 was out of bed on Saturday, June 29, 2024.</p> <p>Phone interview with nurse aide, Employee E11 (worked evening shift on June 28, 2024, and June 29, 2024) on Friday, October 18, 2024, at 1:00 p.m., revealed that Resident R27 was a bit shaky when getting back into bed, and that he was not very familiar with this resident.</p> <p>Review of statement completed by Licensed nurse, Employee E13 (worked 7:00 p.m. to 7:00 a.m. shifts on June 29, 2024, and June 30, 2024) state the following: I applied skin prep to her heels, but it was in the dark, so I didn't see her ankle while pulling off her sock she said 'ow'. I thought it was because I was being too rough pulling off her sock because when I put it back on, she didn't say anything.</p> <p>Further review of facility provided investigation report revealed no evidence of Resident R27's activities during day and evening shift on Saturday, June 29, 2024; no statements taken from activities personnel and no documentation provided related to wheelchair and footrest accommodations. No evidence of mention of skin assessment during shower/bath whichResident R27 allegedly received on Saturday, June 29, 2024, during evening shift by nurse aide, Employee E11.</p> <p>28 Pa Code 201.14(a)(e) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(1)(3) Management</p> <p>28 Pa Code 201.18(e)(1) Management</p> <p>28 Pa Code 201.29 (c) Resident rights</p> <p>28 Pa Code 211.10(d) Resident care policies</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46993</p> <p>Based on interview with resident and staff, review of facility policy and review of clinical record, it was determined facility did not ensure that a comprehensive, resident-centered care plan was developed related to hand splint and dementia care for two out of 23 residents reviewed (Resident R85, R77)</p> <p>Findings include:</p> <p>Review of facility's policy, 'Care Plans, Comprehensive Person-Centered,' revised March 2022, indicates that The comprehensive, person-centered care plan: b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including; services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; and 13. The resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments. Such refusals are documented in the resident's clinical record in accordance with established policies.</p> <p>Review of Resident R77's clinical record revealed that he had been admitted to the facility on [DATE], and had diagnoses of dementia, and neurocognitive disorder with Lewy bodies (a specific type of dementia related to clumps of abnormal protein particles that accumulate in the brain).</p> <p>Review of the care plan for Resident R77 revealed that no care plan had been developed for the treatment and management of dementia. An interview with the Nursing Home Administrator, Employee E1, on October 18, 2024, at 12:45 p.m. revealed that it is the expectation of the facility to develop a specific dementia care plan for all residents with the condition.</p> <p>Review of Resident R85's clinical record on Wednesday, October 16, 2024 at 11:00 a.m., revealed medical history of cerebral infarction (stroke) hemiplegia and hemiparesis (paralysis) of left non-dominant side, muscle wasting and atrophy, contracture of muscle, muscle weakness, need for assistance with personal care.</p> <p>Interview with Resident R85 on Tuesday, October 15, 2024 at 10:15 a.m., revealed that Resident R85 had hand-splint ordered a while ago, but hand-splint has not been applied due to frequent turn over rate of physical therapy staff.</p> <p>Interview with Nursing Home Administrator, Employee E1 on Tuesday, October 15, 2024 at 2:00 p.m. revealed that Resident R85 has a history of refusing hand-splint.</p> <p>Review of Resident R85's clinical record revealed an order placed on April 5, 2024 at 2:32 p.m., for splint therapy; splint should be worn for up to 4 hours daily 5x a week. Check skin integrity pre and post splint. If resident is unable to tolerate do not force and notify therapy.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident R85's clinical record revealed physical medicine and rehab progress note dated February 2nd, 2024, indicating that per therapy notes, wrist splint was ordered but not in place as of this morning.</p> <p>Further review of resident R85's clinical record revealed physical medicine and rehab progress note, dated April 30th, 2024, indicating again that wrist splint was ordered but not in place as of this morning.</p> <p>Further review of Resident R85's clinical record revealed physical medicine and rehab progress note, dated July 30, 2024, indicating again that wrist splint was ordered but not in place as of this morning.</p> <p>Review of Resident R85's care plan revealed no evidence of wrist splint goals or interventions, no evidence of resident refusal of wrist splint and therefore no evidence of resident education related to refusal of treatment.</p> <p>28 Pa Code 211.10 (d) Resident care policies</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46993</p> <p>Based on interview with staff and review of facility provided documentation, it was determined that facility did not provide adequate supervision related to transfer for one of 23 residents reviewed. (Resident R27)</p> <p>Findings include:</p> <p>Review of facility policy 'Safe Lifting and Movement of Residents,' revised July 2017, indicates that resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents, and nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents; needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan.</p> <p>Review of facility provided investigation report, completed July 3, 2024 at 10:01 a.m, revealed that [AGE] year old female Resident R27, brief interview for mental status (BIMS) score 2, with medical history of dementia, Alzheimer's disease, unsteadiness on feet, unspecified lack of coordination, fatigue, muscle wasting and atrophy - was found with warm to touch and swelling to her left lower leg on Monday morning, July 1st, 2024.</p> <p>Review of R27's care plan on Friday, October 18, 2024, revealed R27 has activities of daily living (ADL) self care performance deficit related to Alzheimer's, Diabetes, heart disease, limited mobility and I require 2 person assistance and full mechanical lift transfer, initiated April 19, 2021.</p> <p>Interview with facility's Director of Rehabilitation services, Employee E15, on Friday, October 18, 2024 at 1:30 p.m., revealed that during the month of June 2024, Resident R27 was receiving physical therapy with recommendations for transfer of two person assistance and with a goal of one person assistance.</p> <p>Review of facility provided investigation report revealed statement provided by Nurse aide, Employee E11 (worked evening shift on June 28, 2024, and June 29, 2024) indicating that on Saturday, June 29, 2024 evening shift, Resident R27 was 1 x assist her into bed, a bit shaky.</p> <p>Phone interview with Nurse aide, Employee E11, on Friday, October 18, 2024 at 1:00 p.m. confirmed that he assisted Resident R27 from wheel chair to bed using stand pivot transfer (assisted transfer) and no additional assistance received during transfer.</p> <p>28 Pa Code 211.10(d) Resident care policies</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975</p> <p>Based on clinical record review and interviews with staff, it was determined that the facility did not maintain complete and accurate medical records for two of 22 clinical records reviewed related to medication regimen reviews and advanced notice of a room change. (Resident R15 and Resident R60)</p> <p>Findings Include:</p> <p>Review of Resident R15's clinical record revealed the resident was admitted to the facility on [DATE] with the following diagnoses: Huntington's disease, Cerebral Infarction, Lupus, Dysphagia, Major Depressive Disorder, Dementia, and Hypothyroidism.</p> <p>Review of clinical documentation for Resident R15 revealed medication regimen review pharmacy consultant progress notes from the last six months (April, May, June, July, August, and September 2024) only indicated MRR completed by pharmacist. Further review of the pharmacy consultant progress note revealed there was no indication whether the resident had no recommendation, or a recommendation was made.</p> <p>Review of Resident R60's clinical record revealed the resident was admitted to the facility on [DATE] with the following diagnoses: Adjustment Disorder, Anxiety Disorder, Major Depressive Disorder, Dysphagia, Gastro-Esophageal Reflux Disease, and Abnormalities of Gait.</p> <p>Review of clinical documentation for Resident R60 revealed medication regimen review pharmacy consultant progress notes from the last six months (April, May, June, July, August, and September 2024) only indicated MRR completed by pharmacist. Further review of the pharmacy consultant progress note revealed there was no indication whether the resident had no recommendation, or a recommendation was made.</p> <p>Interview held with the Director of Nursing Employee E2 on October 18, 2024 at 10:46 a.m. that the pharmacy company they use does not notate no new recommendations on a note or a line listing for the residents reviewed that there are no recommendations for. Employee E2 stated that for all the residents we requested there were no recommendations made for the months requested.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		